

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

April 1999, 1 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
PHP										
<u>MARIN COUNTY (21)</u>										
Kaiser Foundation Health Plan, Inc. Northern California Region (91-12915) A7 1800 Harrison Street, 9th Floor Oakland, CA 94612-2998	#81	11/01/91	04/30/99	<u>Public Assistance</u> AFDC \$ 58.95 OAS 86.36 ATD/AB 160.76 <u>Medically Needy</u> AFDC \$ 105.24 OAS 124.20 ATD/AB 661.28 AIDS 1,252.21	** 334/268	\$28,989	Marin			
CONTACT: Sheila Lawler (510) 987-2543										
Total County Public Assistance Eligible, January 1999: 6,515 Total County Medically Needy Eligible, January 1999: 2,166										
MARIN COUNTY				SUBTOTAL	268	\$28,989				
<u>RIVERSIDE COUNTY (33)</u>										
Maxicare (93-19006) A5 1149 South Broadway, Suite 819 Los Angeles, CA 90015	#126	05/01/94	08/31/99	<u>Public Assistance</u> AFDC \$ 69.37 OAS 86.66 ATD/AB 181.19 <u>Medically Needy</u> AFDC \$ 162.00 OAS 164.68 ATD/AB 931.98 MI CHILD 135.64 MI ADULT 595.63 REFUGEE 100.53 AIDS 1,924.55	** 25,000/2,436	\$202,385	Riverside			
CONTACT: Denise Hill (213) 365-3123										
Total County Public Assistance Eligible, January 1999: 140,459 Total County Medically Needy Eligible, January 1999: 20,353										
RIVERSIDE COUNTY SUBTOTAL					2,436	\$202,385				

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

April 1999, 2 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
<u>SAN BERNARDINO COUNTY (36)</u>										
Maxicare (93-19006) A5 1149 South Broadway, Suite 819 Los Angeles, CA 90015	#127	05/01/94	08/31/99	<u>Public Assistance</u> AFDC \$ 59.62 OAS 86.40 ATD/AB 189.00 <u>Medically Needy</u> AFDC \$ 141.10 OAS 164.68 ATD/AB 931.98 MI CHILD 135.64 MI ADULT 595.63 REFUGEE 100.53 AIDS 1,924.55	** 25,000/6,701	\$493,054	San Bernardino			
CONTACT: Denise Hill (213) 365-3123										
Total County Public Assistance Eligible, January 1999: 200,337										
Total County Medically Needy Eligible, January 1999: 34,367										
SAN BERNARDINO COUNTY				SUBTOTAL	6,701	\$493,054				
<u>SONOMA COUNTY (49)</u>										
Kaiser Foundation Health Plan, Inc. Northern California Region (91-12915) A7 1800 Harrison Street, 9th Floor Oakland, CA 94612-2996	#87	11/01/91	04/30/99	<u>Public Assistance</u> AFDC \$ 58.95 OAS 86.36 ATD/AB 160.76 <u>Medically Needy</u> AFDC \$ 105.24 OAS 124.20 ATD/AB 661.28 AIDS 1,252.21	**1,024/701	\$60,981	Sonoma			
CONTACT: Sheila Lawler (510) 987-2543										
Total County Public Assistance Eligible, January 1999: 25,021										
Total County Medically Needy Eligible, January 1999: 3,805										
SONOMA COUNTY				SUBTOTAL	701	\$60,981				
<u>YOLO COUNTY (57)</u>										
Omni Health Care (96-26965) A1 2450 Venture Oaks, Suite 300 Sacramento, CA 95833-3292	#14	05/01/97	04/30/99	<u>Public Assistance</u> AFDC \$ 59.75 OAS 86.97 ATD/AB 165.57 <u>Medically Needy</u> AFDC 106.74 OAS 124.99 ATD/AB 692.64 MI CHILD 88.68 MI ADULT 521.58	11,000/58	\$4,387	Yolo			
CONTACT: Robert Fahlman (916) 921-4188										

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

April 1999, 3 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
Western Hlth Advantage (96-27058) A1 1331 Garden Highway, Suite 100 Sacramento, CA 95833 CONTACT: Matt Menglekoch, Director of Operations (916) 563-3189	#11	05/01/97	04/30/99	<u>Public Assistance</u>		11,000/81	\$6,249	Yolo		
				AFDC	\$ 59.75					
				OAS	86.97					
				ATD/AB	165.57					
				<u>Medically Needy</u>						
				AFDC	\$ 106.74					
				OAS	124.99					
				ATD/AB	692.64					
				MI CHILD	88.68					
				MI ADULT	521.58					
				REFUGEES	66.39					
Total County Public Assistance Eligible, January 1999: 15,3697										
Total County Medically Needy Eligible, January 1999: 3,046										
YOLO COUNTY				SUBTOTAL	139	\$10,636				
				TOTAL PHP	48,358/10,245	\$796,045				

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

April 1999, 4 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
PHP (DENTAL)										
<u>LOS ANGELES COUNTY (19)</u>										
Foundation Health* (97-11075) 125 Technology Street Irvine, CA 92618	#406	11/01/84	10/31/00	<u>Public Assistance</u>		286,863/77,895**** \$707,720	Los Angeles			
				AFDC	\$ 9.09					
				OAS	9.09					
				ATD/AB	9.09					
				<u>Medically Needy</u>						
				AFDC	\$ 9.09					
				OAS	9.09					
				ATD/AB	9.09					
				MI CHILD	9.09					
				MI ADULT	9.09					
				REFUGEES	79.87					
				<u>Public Assistance</u>						
				AFDC	\$ 9.09					
				OAS	9.09					
				ATD/AB	9.09					
CONTACT: Donna Edson (714) 790-3450				<u>Medically Needy</u>						
Universal Care* (95-23314) A1 1600 E. Signal Hill Street Signal Hill, CA 90806-3682	#405	01/01/90	12/31/02	<u>Public Assistance</u>		180,000/39,895**** \$362,100	Los Angeles			
				AFDC	\$ 9.09					
				OAS	9.09					
				ATD/AB	9.09					
				<u>Medically Needy</u>						
				AFDC	\$ 9.09					
				OAS	9.09					
				ATD/AB	9.09					
				MI CHILD	9.09					
				MI ADULT	9.09					
				REFUGEES	79.87					
				<u>Public Assistance</u>						
				AFDC	\$ 9.09					
				OAS	9.09					
				ATD/AB	9.09					
CONTACT: Stuart Gary (562) 981-4050				<u>Medically Needy</u>						
Watts Health* Foundation, Inc. dba United Health Plan (93-18862) A2 3405 West Imperial Highway Suite 600 Inglewood, CA 90303	#403	11/01/92	04/30/99	<u>Public Assistance</u>		100,000/25,963**** \$235,840	Los Angeles			
				AFDC	\$ 9.09					
				OAS	9.09					
				ATD/AB	9.09					
				<u>Medically Needy</u>						
				AFDC	\$ 9.09					
				OAS	9.09					
				ATD/AB	9.09					
				MI CHILD	9.09					
				MI ADULT	9.09					
				REFUGEES	79.87					
				<u>Public Assistance</u>						
				AFDC	\$ 9.09					
				OAS	9.09					
				ATD/AB	9.09					
CONTACT: Jennifer Spalding, SVP (310) 671-3465 Ext. 3336				<u>Medically Needy</u>						
Total County Public Assistance Eligible, January 1999: 1,245,525				<u>Public Assistance</u>						
Total County Medically Needy Eligible, January 1999: 156,805				<u>Medically Needy</u>						
LOS ANGELES COUNTY				SUBTOTAL		143,753		\$1,305,660		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

April 1999, 5 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
<u>RIVERSIDE COUNTY (33)</u>										
Foundation Health* (97-11075) 125 Technology Street Irvine, CA 92618	#407	10/01/93	10/31/00	<u>Public Assistance</u> AFDC \$ 9.09 OAS 9.09 ATD/AB 9.09 <u>Medically Needy</u> AFDC \$ 9.09 OAS 9.09 ATD/AB 9.09 MI CHILD 9.09 MI ADULT 9.09 REFUGEES 79.87	286,863/912	\$8,290	Riverside			
CONTACT: Donna Edson (714) 790-3450										
Total County Public Assistance Eligible, January 1999: 140,459										
Total County Medically Needy Eligible, January 1999: 20,353										
RIVERSIDE COUNTY SUBTOTAL					912	\$8,290				
<u>SAN BERNADINO COUNTY (36)</u>										
Watts Health* Founation Inc. dba United Health Plan (93-18862) A2 3405 West Imperial Highway Suite 600 Inglewood, CA 90303	#404	11/01/92	04/30/99	<u>Public Assistance</u> AFDC \$ 9.09 OAS 9.09 ATD/AB 9.09 <u>Medically Needy</u> AFDC \$ 9.09 OAS 9.09 ATD/AB 9.09 MI CHILD 9.09 MI ADULT 9.09 REFUGEES 79.87	100,000/1,363****	\$ 12,381	San Bernardino			
CONTACT: Jennifer Spalding, SVP (310) 671-3465 EXT. 3336										
Foundation Health,* (97-11075) 125 Technology Street Irvine, CA 92618	#408	07/01/90	10/31/00	<u>Public Assistance</u> AFDC \$ 9.09 OAS 9.09 ATD/AB 9.09 <u>Medically Needy</u> AFDC \$ 9.09 OAS 9.09 ATD/AB 9.09 MI CHILD 9.09 MI ADULT 9.09 REFUGEE 9.09 AIDS 1,910.99	286,863/5,715****	\$51,931	San Bernardino			
CONTACT: Donna Edson (714) 790-3450										
Total County Public Assistance Eligible, January 1999: 200,337										
Total County Medically Needy Eligible, January 1999: 34,367										
SAN BERNARDINO COUNTY SUBTOTAL					7,078	\$ 64,312				
TOTAL PHP (DENTAL)					566,863/151,743	\$1,378,262				

COUNTY COHS

April 1999, 6 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
<u>NAPA COUNTY (28)</u>										
Solano-Napa County Commission on Medical Care dba Partnership HealthPlan of California (96-26994) A2 421 Executive Court North, Suite A Suisun City, CA 94585	#507	03/01/98	04/30/99		/8,370	County	Napa			
CONTACT: Jack Horn (707) 863-4100										
<u>ORANGE COUNTY (30)</u>										
Orange County Organized Health System dba CalOptima (95-23284) A6 1120 West La Veta Ave, 5th Floor Orange, CA 92668	#506	10/01/95	09/30/99		/209,366		Orange County			
CONTACT: Mary Dewane (714) 246-8420										
<u>SAN MATEO COUNTY (41)</u>										
San Mateo Health Commission dba Health Plan of San Mateo (97-10939) A2 1500 Fashion Island Blvd., Suite 300 San Mateo, CA 94404	#503	12/01/93	06/30/99		/39,053		San Mateo County			
CONTACT: Michael Murray (650) 573-9710										
<u>SANTA BARBARA COUNTY (42)</u>										
Santa Barbara County Special Healthcare Authority dba Santa Barbara Health Initiative (98-15936) 110 Castillian Dr. Goleta, CA 93117-3028	#502	01/01/93	12/31/99		/35,789	Barbara	Santa County			
CONTACT: Bob Freeman (805) 685-9525										

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
<u>SANTA CRUZ COUNTY (44)</u>										
Santa Cruz County Managed Care Commission dba Santa Cruz County Health Options (95-23322) A4 375 Encinal Street, Suite A Santa Cruz, CA 95060	#505	01/01/96	12/31/99		/19,405		Santa Cruz County			
CONTACT: Alan McKay (408) 457-3850 x 222										
<u>SOLANO COUNTY (48)</u>										
Solano-Napa County Commission on Medical Care dba Partnership HealthPlan of California (96-26994) A2 421 Executive Court North, Suite A Suisun City, CA 94585	#504	05/01/94	04/30/99		/41,527	County	Solano			
CONTACT: Jack Horn (707) 863-4100										
TOTAL COUNTY COHS					<u>/353,510</u>					

April 1999, 8 of 28

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates	Maximum/Current Enrollment	Capitation Due	Area	Contractor	Contract Manager (Backup)	Disenrollments Tech
SPECIAL PROJECTS										
OnLok Senior Health* Services dba OnLok Senior Health (97-11055) A1 1441 Powell Street San Francisco, CA 94133-3879	#55	11/01/83	06/30/00	MN-LTC AIDS	\$2,213.46 2,860.82	1,200/728		\$1,611,399	San Francisco	
CONTACT: Kate O'Malley (415) 292-8883										
Center for Elders* Independence (98-14917) 1955 San Pablo Ave Oakland, CA 94612	#51	06/01/92	06/30/01	MN-LTC AIDS	\$2,244.69 2,892.05	260/132		\$296,299	Alameda	
CONTACT: Peter Szutu (510) 433-1150										
Sutter Senior Care* (96-26939) 1234 U Street Sacramento, CA 95816	#50	06/01/92	05/29/00	Public Assistance OAS \$1,864.60 ATD/AB 1,864.60 Medically Needy OAS \$1,864.60 ATD/AB 1,864.60	280/240		\$447,504	Sacramento		
CONTACT: Jonathon C. Freer (916) 552-2288										
San Francisco City & County Public Health dba Family Mosaic Project (98-14918) 1309 Evans Avenue San Francisco, CA 94124	#601	02/01/93	12/31/01	Public Assistance AFDC \$1,848.75 ATD/AB 1,848.75 Medically Needy AFDC \$1,848.75 ATD/AB 1,848.75 MI CHILD 1,848.75 AIDS 1,848.75	500/217		\$401,179	San Francisco		
CONTACT: Gary Zombalt (415) 206-7600										
Scan Health Plan* dba: Senior Care Action Network (98-15658) 3780 Kilroy Airport Way, Suite 600 Long Beach, CA 90806-2460	#200/ 201	01/01/82	12/31/99	Public Assistance OAS \$ 205.63 ATD/AB 197.20 Medically Needy OAS \$ 205.63 ATD/AB 197.20 LTC OAS 2,019.76 LTC ATD/AB 2,019.76	3,000/962		\$564,803	Long Beach		
CONTACT: Sam Ervin (562) 989-5100										

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

April 1999, 9 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
Scan Health Plan* dba: Senior Care Action Network (98-15658) 3780 Kilroy Airport Way, Suite 600 Long Beach, CA 90806-2460 CONTACT: Sam Ervin (562) 989-5100	#204/ 205	04/01/97	12/31/99	<u>Public</u>	<u>Assistance</u>	3,000/164	\$76,376	Riverside		
				OAS	\$ 143.32					
				ATD/AB	170.06					
				<u>Medically</u>	<u>Needy</u>					
				OAS	\$ 143.32					
				ATD/AB	170.06					
				LTC OAS	2,084.69					
LTC ATD/AB	2,084.69									
Scan Health Plan* dba: Senior Care Action Network (98-15658) 3780 Kilroy Airport Way, Suite 600 Long Beach, CA 90806-2460 CONTACT: Sam Ervin (562) 989-5100	#206/ 207	04/01/97	12/31/99	<u>Public</u>	<u>Assistance</u>	3,000/87	\$55,926	San Bernardino		
				OAS	\$ 147.98					
				ATD/AB	184.97					
				<u>Medically</u>	<u>Needy</u>					
				OAS	\$ 147.98					
				ATD/AB	184.97					
				LTC OAS	2,084.69					
LTC ATD/AB	2,084.69									
Altamed Hlth Services Corp.#052 (98-14712) 500 Citadel Drive, Suite 490 Los Angeles, CA 90040 CONTACT: Cathy Ladd (213) 980-4000	03/31/96	06/30/01		<u>Public</u>	<u>Assistance</u>	260/111	\$205,677	Los Angeles		
				OAS	\$1,852.95					
				ATD/AB	1,852.95					
				<u>Medically</u>	<u>Needy</u>					
				OAS	\$1,852.95					
				ATD/AB	1,852.95					
				LTC OAS	1,852.95					
LTC ATD/AB	1,852.95									
AIDS	2,196.79									
TOTAL SPECIAL PROJECTS					5,500/2,641	\$3,659,163				
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DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

April 1999, 10 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
PCCM										
<u>EL DORADO COUNTY (09)</u>										
				<u>Public Assistance</u>						
Molina Medical Centers	#857	07/01/92	06/30/99	AFDC \$ 26.09	75,000/442	\$17,537	El Dorado			
A Professional Corp.				OAS 46.70						
(95-22729) A2				ATD/AB 72.99						
One Golden Shore Dr.				<u>Medically Needy</u>						
Long Beach, CA 90802				AFDC \$ 34.50						
				OAS 49.21						
CONTACT: John C. Molina (562) 435-3666				ATD/AB 96.28						
				MI CHILD 22.50						
				MI ADULT 133.75						
				REFUGEE 39.25						
Total County Public Assistance Eligible, January 1999: 6,511										
Total County Medically Needy Eligible, January 1999: 2,643										
EL DORADO COUNTY				SUBTOTAL	442	\$17,537				
<u>LOS ANGELES COUNTY (19)</u>										
				<u>Public Assistance</u>						
AIDS Healthcare	#910	04/01/95	12/31/99	AFDC \$ 34.13	2,000/469	\$517,033	Los Angeles			
Foundation				OAS 90.48						
(96-26694)				ATD/AB 120.38						
6255 W. Sunset Blvd., 16th Floor				<u>Medically Needy</u>						
Los Angeles, CA 90028-8073				AFDC \$ 34.13						
				OAS 90.48						
CONTACT: Donna Steadman (213) 468-1354				ATD/AB 120.38						
				MI CHILD 26.13						
				MI ADULT 148.30						
				REFUGEE 131.17						
				AIDS 1,139.35						
Total County Public Assistance Eligible, January 1999: 1,245,525										
Total County Medically Needy Eligible, January 1999: 156,805										
LOS ANGELES COUNTY				SUBTOTAL	469	\$517,033				

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
<u>MADERA COUNTY (20)</u>										
Molina Medical Centers A Professional Corp. (97-11874) One Golden Shore Dr. Long Beach, CA 90802 CONTACT: John C. Molina (562) 435-3666	#858	11/01/96	10/31/00	<u>Public Assistance</u>		5,000/608	\$13,690	Madera		
				AFDC	\$ 18.40					
				OAS	44.41					
				ATD/AB	67.68					
				<u>Medically Needy</u>						
				AFDC	\$ 25.96					
				OAS	45.46					
				ATD/AB	85.93					
				MI CHILD	18.85					
				MI ADULT	56.17					
				REFUGEE	31.76					
Total County Public Assistance Eligible, January 1999: 15,214										
Total County Medically Needy Eligible, January 1999: 5,738										
MADERA COUNTY				SUBTOTAL	608	\$13,690				
<u>SACRAMENTO COUNTY (34)</u>										
Molina Medical Centers A Professional Corp. (95-22729) A2 One Golden Shore Dr. Long Beach, CA 90802 CONTACT: John C. Molina (562) 435-3666	#844	07/01/92	06/30/99	<u>Public Assistance</u>		75,000/23	1,304	Sacramento		
				AFDC	\$ 26.09					
				OAS	46.70					
				ATD/AB	72.99					
				<u>Medically Needy</u>						
				AFDC	\$ 34.50					
				OAS	49.21					
				ATD/AB	96.28					
				MI CHILD	22.50					
				MI ADULT	133.75					
				REFUGEE	39.25					
Total County Public Assistance Eligible, January 1999: 193,256										
Total County Medically Needy Eligible, January 1999: 21,920										
SACRAMENTO COUNTY				SUBTOTAL	23	\$1,304				

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

April 1999, 12 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
<u>YOLO COUNTY (57)</u>										
Molina Medical Centers A Professional Corp. (95-22729) A2 One Golden Shore Dr. Long Beach, CA 90802 CONTACT: John C. Molina (562) 435-3666	#855	07/01/92	06/30/99	<u>Public Assistance</u>		75,000/1,201	\$37,395	Yolo		
				AFDC	\$ 26.09					
				OAS	46.70					
				ATD/AB	72.99					
				<u>Medically Needy</u>						
				AFDC	\$ 34.50					
				OAS	49.21					
				ATD/AB	96.28					
				MI CHILD	22.50					
				MI ADULT	133.75					
				REFUGEE	39.25					
Total County Public Assistance Eligible, January 1999: 15,367										
Total County Medically Needy Eligible, January 1999: 3,046										
YOLO COUNTY				SUBTOTAL	1,201	\$37,395				
				TOTAL PCCM	82,000/2,743	\$586,959				

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

April 1999, 13 of 28

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates	Maximum/Current Enrollment	Capitation Due	Area	Contractor	Contract Manager (Backup)	Disenrollments Tech
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PCCM (DENTAL)

LOS ANGELES COUNTY (19)

Cohen Medical Corp* dba Tower Health Services (95-23080) A3 200 Oceangate, Sixth Pl. Long Beach, CA 90802	#400	05/01/92	04/30/99	<u>Public Assistance</u> AFDC \$ 9.09 OAS 9.09 ATD/AB 9.09 <u>Medically Needy</u> AFDC \$ 9.09 OAS 9.09 ATD/AB 9.09 MI CHILD 9.09 MI ADULT 9.09 REFUGEES 79.87	100,000/6,850****	\$62,185	Los Angeles		
CONTACT: David George (562) 435-2676									

Total County Public Assistance Eligible, January 1999: 1,245,525

Total County Medically Needy Eligible, January 1999: 156,805

LOS ANGELES COUNTY

SUBTOTAL

6,850

\$62,185

RIVERSIDE COUNTY (33)

Cohen Medical Corp.* dba Tower Health Services (95-23080) A3 200 Oceangate, Sixth Pl Long Beach, CA 90802	#401	05/01/92	04/30/99	<u>Public Assistance</u> AFDC \$ 9.09 OAS 9.09 ATD/AB 9.09 <u>Medically Needy</u> AFDC \$ 9.09 OAS 9.09 ATD/AB 9.09 MI CHILD 9.09 MI ADULT 9.09 REFUGEES 79.87	100,000/3,205****	\$ 29,907	Riverside	
CONTACT: David George (562) 435-2676								

Total County Public Assistance Eligible, January 1999: 140,459

Total County Medically Needy Eligible, January 1999: 20,353

RIVERSIDE COUNTY SUBTOTAL

3,205

\$ 29,097

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
<u>SAN BERNADINO COUNTY (36)</u>										
				<u>Public Assistance</u>						
Cohen Medical Corp. *	#402	05/01/92	04/30/99	AFDC \$ 9.09	100,000/4,523****	\$41,050	San Bernardino			
dba Tower Health Services			OAS 9.09							
(95-23080) A3			ATD/AB 9.09							
200 Oceangate, Sixth Pl				<u>Medically Needy</u>						
Long Beach, CA 90802				AFDC \$ 9.09						
				OAS 9.09						
				ATD/AB 9.09						
				MI CHILD 9.09						
CONTACT: David George (562) 435-2676				MI ADULT 9.09						
				REFUGEES 79.87						
Total County Public Assistance Eligible, January 1999: 200,337										
Total County Medically Needy Eligible, January 1999: 34,367										
SAN BERNARDINO COUNTY				SUBTOTAL	4,523	\$41,050				
TOTAL PCCM (DENTAL)					<u>100,000/14,578</u>	<u>\$132,332</u>				

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Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates	Maximum/Current Enrollment	Capitation Due	Area	Contractor	Contract Manager (Backup)	Disenrollments Tech
2-PLAN										
<u>ALAMEDA COUNTY (01)</u>										
Alameda Alliance for Health (95-23483) A3 1850 Fairway Drive San Leandro, CA 94557 CONTACT: Irene Ibarra (510) 895-4532	#300	01/01/96	12/31/00	<u>Public Assistance</u>		180,000/76,912****	\$6,998,444	Alameda		
				AFDC	\$ 85.68					
				OAS	154.56					
				ATD/AB	231.43					
				<u>Medically Needy</u>						
				AFDC	85.68					
				OAS	154.56					
				ATD/AB	231.43					
				MI CHILD	79.83					
				MI ADULT	631.59					
Blue Cross of California (95-23524) A7 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Verne Brizendine (805) 384-3565	#340	02/01/96	03/31/02	<u>Public Assistance</u>		**109,000/28,767****	\$2,439,329	Alameda		
				AFDC	\$ 80.30					
				OAS	162.16					
				ATD/AB	222.90					
				<u>Medically Needy</u>						
				AFDC	80.30					
				OAS	162.16					
				ATD/AB	222.90					
				MI CHILD	82.85					
				MI ADULT	585.20					
Total County Public Assistance Eligible, January 1999: 149,275										
Total County Medically Needy Eligible, January 1999: 16,595										
ALAMEDA COUNTY				SUBTOTAL		105,679	\$9,437,773			
<u>CONTRA COSTA COUNTY (07)</u>										
County of Contra Costa Contra Costa Hlth Plan (96-26103) A3 595 Center Avenue, Suite 100 Martinez, CA 94553 CONTACT: Milton Camhi (510) 313-6004	#301	10/01/96	03/31/02	<u>Public Assistance</u>		59,430/41,054****	\$3,880,737	Contra Costa		
				AFDC	\$ 86.72					
				OAS	164.93					
				ATD/AB	231.09					
				<u>Medically Needy</u>						
				AFDC	\$ 86.72					
				OAS	164.93					
				ATD/AB	231.09					
				MI CHILD	70.42					
				MI ADULT	598.14					

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

April 1999, 16 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
				<u>Public Assistance</u>						
Blue Cross of California (95-23524) A7 5151-A Camino Ruiz Camarillo, CA 93012	#344	06/01/98	03/31/02	AFDC	\$ 78.77	41,000/5,766****	\$ 475,961	Contra Costa		
				OAS	167.23					
				ATD/AB	221.21					
				<u>Medically Needy</u>						
CONTACT: Verne Brizendine (805) 384-3565				AFDC	78.77					
				OAS	167.23					
				ATD/AB	221.21					
				MI CHILD	75.80					
				MI ADULT	538.67					
Total County Public Assistance Eligible, January 1999: 68,472										
Total County Medically Needy Eligible, January 1999: 8,227										
CONTRA COSTA COUNTY				SUBTOTAL	46,820	\$4,356,698				
<u>FRESNO COUNTY (10)</u>										
				<u>Public Assistance</u>						
Blue Cross of California (95-23524) A7 5151-A Camino Ruiz Camarillo, CA 93012	#341	02/01/96	03/31/02	AFDC	\$ 75.50	**112,500/104,056****	\$8,377,051			
				OAS	161.07					
				ATD/AB	198.98					
				<u>Medically Needy</u>						
CONTACT: Verne Brizendine (805) 384-3565				AFDC	75.50					
				OAS	161.07					
				ATD/AB	198.98					
				MI CHILD	83.87					
				MI ADULT	584.53					
				<u>Public Assistance</u>						
Health Net (95-23523) A7 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670	#351	04/01/96	03/31/02	AFDC	\$ 75.14	**112,500/20,407****	\$1,577,954			
				OAS	160.26					
				ATD/AB	198.00					
				<u>Medically Needy</u>						
CONTACT: Rhonda West-Peters (916) 636-8269			ATD/AB	AFDC	75.14					
				OAS	160.26					
				198.00						
				MI CHILD	83.47					
				MI ADULT	581.63					
Total County Public Assistance Eligible, January 1999: 147,935										
Total County Medically Needy Eligible, January 1999: 21,929										
FRESNO COUNTY				SUBTOTAL	124,463	\$9,955,005				

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

April 1999, 17 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
<u>KERN COUNTY (15)</u>										
Blue Cross of California (95-23524) A7 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Verne Brizendine (805) 384-3565	#342	02/01/96	03/31/02	<u>Public Assistance</u>		**73,000/27,207****	\$2,342,197	Kern		
				AFDC	\$ 79.18					
				OAS	194.24					
				ATD/AB	212.14					
				<u>Medically Needy</u>						
				AFDC	79.18					
				OAS	194.24					
				ATD/AB	212.14					
				MI CHILD	84.26					
				MI ADULT	586.49					
Kern Health Systems dba Kern Family Health Care (96-25802) A5 1600 Norris Road Bakerfield, CA 93308 CONTACT: Carol Sorrell (805) 391-4044	#303	07/01/96	04/30/01 OAS	<u>Public Assistance</u>		92,000/49,050****	\$4,030,293	Kern		
				AFDC	\$ 79.77					
					196.42					
				ATD/AB	213.84					
				<u>Medically Needy</u>						
				AFDC	79.77					
				OAS	196.42					
				ATD/AB	213.84					
				MI CHILD	85.01					
				MI ADULT	593.49					
REFUGEE	79.77									
Total County Public Assistance Eligible, January 1999: 90,630										
Total County Medically Needy Eligible, January 1999: 27,937										
KERN COUNTY				SUBTOTAL		76,257	\$6,372,490			
<u>LOS ANGELES COUNTY (19)</u>										
Health Net (95-23523) A7 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Rhonda West-Peters (916) 636-8269	#352	04/01/96	03/31/02	<u>Public Assistance</u>		**710,000/405,230****	\$32,675,650	Los Angeles		
				AFDC	\$ 77.75					
				OAS	161.73					
				ATD/AB	216.06					
				<u>Medically Needy</u>						
				AFDC	77.75					
				OAS	161.73					
				ATD/AB	216.06					
				MI CHILD	60.98					
				MI ADULT	537.62					

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

April 1999, 18 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
<u>Public Assistance</u>										
LA Care Health Plan (96-26397) A4 3530 Wilshire Boulevard, Suite 704 Los Angeles, CA 90100	#304	04/01/98	03/31/02	AFDC \$ 80.86 OAS 165.02 ATD/AB 220.20	1,150,000/609,378****	\$50,089,934	Los Angeles			
<u>Medically Needy</u>										
				AFDC 80.86 OAS 165.02 ATD/AB 220.20 MI CHILD 64.20 MI ADULT 545.05						
CONTACT: Anthony Rodgers (213) 251-8300										
Total County Public Assistance Eligible, January 1999: 1,245,525										
Total County Medically Needy Eligible, January 1999: 156,805										
LOS ANGELES COUNTY SUBTOTAL					1,014,608	\$82,765,584				
<u>RIVERSIDE COUNTY (33)</u>										
<u>Public Assistance</u>										
Inland Empire Health Plan (96-26253) A3 303 E. Vanderbilt Way, Suite 400 San Bernardino, CA 92408	#305	09/01/96	08/31/02	AFDC \$ 81.88 OAS 129.86 ATD/AB 204.78	272,000/57,604****	\$4,917,478	Riverside			
<u>Medically Needy</u>										
				AFDC 81.88 OAS 129.86 ATD/AB 204.78 MI CHILD 69.97 MI ADULT 606.32						
CONTACT: Richard Bruno, CEO (909) 890-2000										
<u>Public Assistance</u>										
Molina Medical Centers A Professional Corp. (95-23637) A3 One Golden Shore Dr. Long Beach, CA 90802	#355	03/01/98	03/31/02	AFDC \$ 75.91 OAS 162.29 ATD/AB 204.96	83,038/8,130****	\$639,107	Riverside			
<u>Medically Needy</u>										
				AFDC \$ 75.91 OAS 162.29 ATD/AB 204.96 MI CHILD 79.33 MI ADULT 515.67						
CONTACT: John C. Molina (562) 435-3666										
Total County Public Assistance Eligible, January 1999: 140,459										
Total County Medically Needy Eligible, January 1999: 20,353										
RIVERSIDE COUNTY SUBTOTAL					65,734	\$5,556,585				

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<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
<u>SAN BERNARDINO COUNTY (36)</u>										
Inland Empire Health Plan (96-26253) A3 303 E. Vanderbilt Way, Suite 400 San Bernardino, CA 92408	#306	09/01/96	08/31/02	<u>Public Assistance</u> AFDC \$ 74.81 OAS 137.73 ATD/AB 208.07 <u>Medically Needy</u> AFDC 74.81 OAS 137.73 ATD/AB 208.07 MI CHILD 69.27 MI ADULT 530.42	272,000/77,235****	\$6,123,513	San Bernardino			
CONTACT: Richard Bruno, CEO (909) 890-2000										
Molina Medical Centers A Professional Corp. (95-23637) A3 One Golden Shore Dr. Long Beach, CA 90802	#356	03/01/98	03/31/02	<u>Public Assistance</u> AFDC \$ 74.04 OAS 167.25 ATD/AB 217.87 <u>Medically Needy</u> AFDC \$ 74.04 OAS 167.25 ATD/AB 217.87 MI CHILD 79.42 MI ADULT 531.42	136,332/17,016****	\$1,379,156	San Bernardino			
CONTACT: John C. Molina (562) 435-3666										
Total County Public Assistance Eligible, January 1999: 200,337 Total County Medically Needy Eligible, January 1999: 34,367										
SAN BERNARDINO COUNTY				SUBTOTAL	94,251	\$7,502,669				
<u>SAN FRANCISCO COUNTY (38)</u>										
Blue Cross of California (95-23524) A7 5151-A Camino Ruiz Camarillo, CA 93012	#343	02/01/96	03/31/02	<u>Public Assistance</u> AFDC \$ 90.56 OAS 164.04 ATD/AB 225.87 <u>Medically Needy</u> AFDC 90.56 OAS 164.04 ATD/AB 255.87 MI CHILD 66.91 MI ADULT 555.49	**63,000/14,673****	\$1,411,899	San Francisco			
CONTACT: Verne Brizendine (805) 384-3565										

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

April 1999, 20 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
				<u>Public Assistance</u>						
San Francisco Hlth Authority dba San Francisco Health Plan (96-26381) A3 568 Howard Street, Fifth Floor San Francisco, CA 94105 CONTACT: Shahnaz Nikpay (415) 547-7800	#307	01/01/97	12/31/02	AFDC	\$ 98.75	55,000/21,977****	\$2,364,353	San Francisco		
				OAS	167.35					
				ATD/AB	238.62					
				<u>Medically Needy</u>						
				AFDC	98.75					
				OAS	167.35					
				ATD/AB	238.62					
				MI CHILD	88.34					
				MI ADULT	616.05					
				REFUGEES	98.75					
				Total County Public Assistance Eligible, January 1999: 80,171						
				Total County Medically Needy Eligible, January 1999: 11,742						
SAN FRANCISCO COUNTY				SUBTOTAL		<u>36,650</u>	<u>\$3,776,252</u>			
<u>SAN JOAQUIN COUNTY (39)</u>										
				<u>Public Assistance</u>						
Health Plan of San Joaquin (95-23582) A3 1550 W. Fremont Street, Ste 200 Stockton, CA 95203-2643 CONTACT: Terry Mack (209) 939-3500	#308	01/01/96	01/31/01	AFDC	\$ 67.76	87,000/54,313****	\$3,917,997	San Joaquin		
				OAS	129.04					
				ATD/AB	203.04					
				<u>Medically Needy</u>						
				AFDC	67.76					
				OAS	129.04					
				ATD/AB	203.04					
				MI CHILD	59.37					
				MI ADULT	534.45					
				<u>Public Assistance</u>						
Omni Healthcare Inc. (96-26171) A6 2450 Venture Oaks, Suite 300 Sacramento, CA 95833-3292 CONTACT: Robert Fahlam (916) 921-4188	#358	07/12/96	03/31/02	AFDC	\$ 71.14	**87,000/13,250****	\$977,482	San Joaquin		
				OAS	171.64					
				ATD/AB	204.03					
				<u>Medically Needy</u>						
				AFDC	71.14					
				OAS	171.64					
				ATD/AB	204.03					
				MI CHILD	68.04					
				MI ADULT	495.49					
				Total County Public Assistance Eligible, January 1999: 80,949						
				Total County Medically Needy Eligible, January 1999: 19,097						
SAN JOAQUIN COUNTY				SUBTOTAL		<u>67,563</u>	<u>\$4,895,479</u>			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

April 1999, 21 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
<u>SANTA CLARA COUNTY (43)</u>										
Blue Cross of California (95-23524) A7 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Verne Brizendine (805) 384-3565	#345	02/01/96	03/31/02	<u>Public Assistance</u>		**95,000/28,695****	\$2,664,732	Santa Clara		
				AFDC	\$ 89.09					
				OAS	170.14					
				ATD/AB	238.69					
				<u>Medically Needy</u>						
				AFDC	89.09					
				OAS	170.14					
				ATD/AB	238.69					
				MI CHILD	82.96					
				MI ADULT	584.11					
Santa Clara Family Health Plan (96-26395) A4 4050 Moorpark Avenue San Jose, CA 95117 CONTACT: Leona Butler (408) 260-4490	#309	02/01/97	01/31/01	<u>Public Assistance</u>		123,000/42,252****	\$4,492,427	Santa Clara		
				AFDC	\$ 101.79					
				OAS	175.08					
				ATD/AB	252.40					
				<u>Medically Needy</u>						
				AFDC	101.79					
				OAS	175.08					
				ATD/AB	252.40					
				MI CHILD	103.28					
				MI ADULT	710.77					
				REFUGESS	101.79					
Total County Public Assistance Eligible, January 1999: 103,670										
Total County Medically Needy Eligible, January 1999: 20,134										
SANTA CLARA COUNTY				SUBTOTAL		<u>70,947</u>	<u>\$7,157,159</u>			
<u>STANISLAUS COUNTY (50)</u>										
Blue Cross of California (97-11311) A1 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: John P. Monahan, General Manager (805) 384-3511	#310	10/01/97	09/30/02	<u>Public Assistance</u>		48,100/25,574****	\$1,916,676	Stanislaus		
				AFDC	\$ 70.86					
				OAS	164.59					
				ATD/AB	207.51					
				<u>Medically Needy</u>						
				AFDC	70.86					
				OAS	164.59					
				ATD/AB	207.51					
				MI CHILD	83.90					
				MI ADULT	481.71					
				REFUGEES	70.86					

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

April 1999, 22 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>		<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>									
					<u>Public Assistance</u>															
Omni Health Care Inc. (96-26171) A6 2450 Venture Oaks, Suite 300 Sacramento, CA 95833-3292	359	07/12/96	03/31/02	AFDC	\$ 69.95	**64,000/19,658****	\$1,447,243	Stanislaus												
				OAS	163.05															
				ATD/AB	206.00															
<u>Medically Needy</u>																				
CONTACT: Robert Fahlan (916) 921-4188				AFDC	69.95															
				OAS	163.05															
				ATD/AB	206.00															
				MI CHILD	83.01															
MI ADULT				476.92																
Total County Public Assistance Eligible, January 1999: 53,625																				
Total County Medically Needy Eligible, January 1999: 15,606																				
STANISLAUS COUNTY				SUBTOTAL								45,232		\$3,363,919						
<u>TULARE COUNTY (54)</u>					<u>Public Assistance</u>															
Health Net (95-23523) A7 3400 Data Drive, 1 st Floor West Rancho Cordova, CA 95670	353	02/01/99	03/31/02	AFDC	\$ 73.98	**42,000/4,118****	\$350,630	Tulare												
				OAS	212.36															
				ATD/AB	245.21															
<u>Medically Needy</u>																				
CONTACT: Rhonda West-Peters (916) 636-8269				AFDC	73.98															
				OAS	212.36															
				ATD/AB	245.21															
				MI CHILD	78.43															
MI ADULT				477.65																
REFUGEE				73.98																
					<u>Public Assistance</u>															
Blue Cross of California (98-15726) 5151-A Camino Ruiz Camarillo, CA 93012				#311	03/01/99							03/31/02	AFDC	\$ 82.06	90,000/12,919****	\$1,126,230	Tulare			
													OAS	218.04						
	ATD/AB	259.91																		
<u>Medically Needy</u>																				
CONTACT: John P. Monahan, General Manager (805) 384-3511				AFDC	82.06															
				OAS	218.04															
				ATD/AB	259.91															
				MI CHILD	93.83															
MI ADULT				502.82																
REFUGEES				82.06																
Total County Public Assistance Eligible, January 1999: 67,646																				
Total County Medically Needy Eligible, January 1999: 13,169																				
TULARE COUNTY				SUBTOTAL								17,037		\$1,476,860						
					TOTAL 2-PLAN								3,885,900/1,765,241		\$146,616,473					

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

April 1999, 23 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
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GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)

SACRAMENTO COUNTY (34)

Western Health Advantage (98-15586) 1331 Garden Highway, Suite 100 Sacramento, CA 95833-9754	#140	05/01/97	12/31/00		40,000/15,397		Sacramento			
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CONTACT: Matt Menglekoch, Director of Operations (916) 563-3189

Health Net (98-15584) 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670	#150	04/01/96	12/31/00		53,000/24,914		Sacramento			
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CONTACT: Rhonda West-Peters (916) 636-8269

Maxicare (98-15643) 1149 South Boradway, Suite 819 Los Angeles, CA 90015	#160	04/01/94	12/31/00		100,000/18,748		Sacramento			
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CONTACT: Denise Hill (213) 365-3123

Kaiser Foundation Health Plan, Inc. (98-15583) 1800 Harrison Street Oakland, CA 94612-2998	#170	04/01/94	12/31/00		20,000/19,147		Sacramento			
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CONTACT: Sheila Lawler (510) 987-2543

Omni Health Plan, Inc. (98-15585) 2450 Ventura Oaks Way, Suite 240 Sacramento, CA 95833	#180	04/01/94	12/31/00		100,000/26,015		Sacramento			
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CONTACT: Robert Fahman (916) 921-4188

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
Blue Cross of California (98-15582) 5151 - A Camino Ruiz Camarillo, CA 93012 CONTACT: Verne Brizendine (805) 384-3565	#190	04/01/94	12/31/00		100,000/49,658		Sacramento			
TOTAL GMC-MEDICAL (Sacramento)					<u>413,000/153,879</u>					

April 1999, 25 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)										
<u>SAN DIEGO COUNTY (37)</u>										
Blue Cross of California (98-14800) A1 5151-A Camino Ruiz Camarillo, CA 93012	#48	09/01/98	07/31/00		202,000/8,694		San Diego			
CONTACT: Verne Brizendine (805) 384-3565										
Sharp Health Plan (98-14803) A1 9325 Sky Park Ct., Suite 300 San Diego, CA 92123	#13	08/01/98	07/31/00		100,000/ 46,572		San Diego			
CONTACT: Mary Kay Elnes, MPH (619) 637-6536										
Universal Care (98-14804) A1 1600 E. Signal Hill Street Signal Hill, CA 90806-3682	#23	08/01/98	07/31/00		100,000/ 13,572		San Diego			
CONTACT: Sandy Taylor-Bristol (562) 981-4020										
Community Health Group (98-14799) A1 740 Bay Blvd Chula Vista, CA 91910	#29	08/01/98	07/31/00		200,000/ 73,796		San Diego			
CONTACT: Melissa Stearns (619) 498-6434										
Health Net (98-14801) A1 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670	#68	08/01/98	07/31/00		180,000/ 7,677		San Diego			
CONTACT: Rhonda West-Peters (916) 636-8269										
Kaiser Foundation Health Plan, Inc. (98-14802) 1800 Harrison Street, 9 th Floor Oakland, CA 94612	#79	08/01/98	06/30/00		10,000/ 9,067		San Diego			
CONTACT: Kelly Duncan (626) 405-3633										

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
UCSD Healthcare (98-14805) A1 200 West Arbor Dr. San Diego, CA 92103	#49	09/01/98	07/31/00		100,000/13,119	San Diego	John Alksne			
CONTACT: Nancy White (619) 294-6102										
TOTAL GMC-MEDICAL (SAN DIEGO)					<u>596,000/172,497</u>					
TOTAL ENROLLMENT (PHP, COHS, SP, PCCM, 2-PLAN, GMC-MEDICAL-(SAC), GMC-MEDICAL (SD))					<u>2,460,756</u>					

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

April 1999, 27 of 28

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates	Maximum/Current Enrollment	Capitation Due	Area	Contractor	Contract Manager (Backup)	Disenrollments Tech
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FFS MANAGED CARE

PLACER COUNTY (31)

Placer County Managed Care Network (96-26388) A2 11730 Enterprize Drive Auburn, CA 95603	#640	01/01/97	12/31/99	<u>Public Assistance</u>						
				AFDC	\$ 2.30	25,000/12,761	\$29,350	Placer		
				OAS	2.30					
				ATD/AB	2.30					
				<u>Medically Needy</u>						
				AFDC	2.30					
				OAS	2.30					
				ATD/AB	2.30					
				MI CHILD	2.30					
				MI ADULT	2.30					

CONTACT: Jim Gandley (916) 889-6791

Total County Public Assistance Eligible, January 1999: 12,395

Total County Medically Needy Eligible, January 1999: 1,697

PLACER COUNTY	SUBTOTAL	12,761	\$29,350
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SONOMA COUNTY (49)

Sonoma County dba Sonoma County Medi-Cal Managed Care Network (96-26183) 1221 Farmers Lane, Suite 200 Santa Rosa, CA 95404-1705	#642	10/01/96	12/31/99	<u>Public Assistance</u>						
				AFDC	\$ 2.30	50,000/27,249	\$62,673	Sonoma		
				OAS	2.30					
				ATD/AB	2.30					
				<u>Medically Needy</u>						
				AFDC	2.30					
				OAS	2.30					
				ATD/AB	2.30					
				MI CHILD	2.30					
				MI ADULT	2.30					

CONTACT: Bob Gilchrist (707) 576-4700

Total County Public Assistance Eligible, January 1999: 25,021

Total County Medically Needy Eligible, January 1999: 3,805

SONOMA COUNTY	SUBTOTAL	27,249	\$62,673
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TOTAL FFS MANAGED CARE		<u>75,000/40,010</u>	<u>\$92,023</u>
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<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
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GEOGRAPHIC MANAGED CARE (GMC-DENTAL)

SACRAMENTO COUNTY (34)

Delta Dental Plan of CA #422 01/01/99 12/31/00 150,000/18,465**** Sacramento
(98-15289)
7667 Folsom Blvd
Sacramento, CA 95826

CONTACT: Michael Kaufman

DentiCare of Ca #423 01/01/99 12/31/00 100,000/8,820**** Sacramento
(98-15290)
125 Technology Dr., Suite 100
Irvine, CA 92618

CONTACT: Donna Edson

PacifiCare Dental #681 04/01/94 03/31/99 120,000/ 0 Sacramento
(93-18905) A4
14471 Chambers Road
Tustin, CA 92680-6902

CONTACT: Lee Harris (714) 734-2033

Western Dental Srvs., Inc. #424 04/01/94 12/31/00 125,000/62,653**** Sacramento
(98-14557)
300 Plaza Alicante, Ste. 810
Garden Grove, CA 92640

CONTACT: Stan Andrakowicz (714) 938-1600

Access Dental Plan, Inc. #421 04/01/94 12/31/00 90,000/64,602**** Sacramento
(98-14556)
555 University Ave, Suite 182
Sacramento, CA 95823

CONTACT: Reza Abbaszadeh (916) 922-5000

Preventive Dental Systems #684 04/01/94 03/31/99 100,000/ 0 Sacramento
(93-18902) A4
801 Broadway, Ste B
Sacramento, CA 95818

CONTACT: Greg Thomas (916) 448-2994

TOTAL GMC-DENTAL 685,000/154,540

Capitation report updated by Marilyn Marsh

* Plans which have Dental.
** Maximum Enrollment per Proj. No./County.
*** Contract expired.
**** Some plans have enrollment for % of Poverty even though their contracts do not include the aid codes.
Capitation will be paid after contract amendments have been executed to include the aid codes.